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O F F I C E

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number: 210121.478C10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In re Application of Tongtong Wang et al. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 09/651,563 | | Filed August 29, 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For COMPOSITIONS AND METHODS FOR THE THERAPY AND DIAGNOSIS OF LUNG CANCER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Group Art Unit 1631 | Examiner M. Borin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$110</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/></td><td>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</td><td></td></tr><tr><td><input checked="" type="checkbox"/></td><td>A check in the amount of the fee is enclosed.</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr><tr><td><input type="checkbox"/></td><td>The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr><tr><td><input checked="" type="checkbox"/></td><td>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</td><td></td></tr></table> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)..</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>June 11, 2001</u> Date</p> <p><u>James M. Verna</u> Signature</p> <p>James M. Verna Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p> | | | <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110 | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$_____ | <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$_____ | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$_____ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$_____ | <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____. | | <input checked="" type="checkbox"/> | A check in the amount of the fee is enclosed. | | <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | <input type="checkbox"/> | The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a duplicate copy of this sheet. | |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | A check in the amount of the fee is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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